HETS 270/271 Changes for ANSI X12 5010

As of January 1, 2011, CMS will be adopting the new X12 HIPAA 270/271 EDI standard, version 5010, for the HETS 270/271 application. CMS is actively developing modifications to the HETS 270/271 application to meet this deadline.

This document details preliminary information regarding the changes to HETS 270/271 for the implementation of X12 5010 version. This information is subject to change while CMS develops and tests the necessary modifications.

Format and Element Changes

The following tables display the changes that are required for the 270 request and 271 response as they specifically relate to the HETS 270/271 application. These rules are not meant to supersede the X12 5010 Implementation Guide (IG); all additional IG rules apply.

Table 1: Required 270 Element Changes for HETS 270/271

Element Identifier	Loop	4010A1	5010
NM104	2100C	Required by HETS	Required only if 2100C DMG02 is not present
DMG02	2100C	Required by HETS	Required only if 2100C NM104 is not present
DTP01	2100C	307	291
EQ01	2110C	Supported Codes = 14, 15, 30, 42, 45, 47, AG, must be omitted if EQ02 is sent *Note: All other codes listed in the IG are accepted but not specifically supported.*	Supported Codes = 1, 14, 15, 30, 33, 35, 42, 45, 47, 86, 88, 98, AG, AL, MH, UC, must be omitted if EQ02 is sent *Note: All other codes listed in the IG are accepted but not specifically supported.*

Table 2: Required 271 Element Changes for HETS 270/271

Loop	Description	Element Identifier	4010A1	5010
2100A	Information Source	PER03	PER Segment not returned	Code Returned = UR
2100A	Information Source	PER04	PER Segment not returned	URL for CMS HETSHelp website
2100A	Information Source	PER05	PER Segment not returned	Code Returned = UR
2100A	Information Source	PER06	PER Segment not returned	URL for CMS Fee-For-Service Provider Information website
2100B	Information Receiver	AAA03	Error Codes Returned = 43	Error Codes Returned = 41, 43, 50, 51
2100C	Demographics	NM103	Max Length = 35	Max Length = 40
2100C	Demographics	NM104	Max Length = 25	Max Length = 30
2100C	AAA Error	AAA03	Error Codes Returned = 58, 62, 64, 65, 66, 67, 71	Error Codes Returned = 15, 62, 71, 72, 73, 74
2110C	Benefit Coverage	EB01	EB Segment not returned for Benefit Coverage	Codes Returned = 1 or 6

Loop	Description	Element Identifier	4010A1	5010
2110C	Benefit Coverage	EB03	EB Segment not returned for Benefit Coverage	Codes Returned = 1, 33, 35, 86, 98, AL, MH, UC; also 47 and 88 where applicable *Note: In most cases, the full list of applicable codes, as specified above, will be included within one EB segment, utilizing the repeating data element. In the event a beneficiary has Part A coverage but not Part B coverage, the codes will be returned in two EB segments. Refer to the Service Type Codes (STCs) section below for additional information.*
2110C	Part A/B Eligibility	DTP01	Code Returned = 307	Code Returned = 291
2110C	Home Health	DTP01	Codes Returned = 193, 194	Codes Returned = 193, 194, 472
2110C	Home Health	MSG01	Description of Home Health dates in 2110C DTP01 (e.g., "HHEH Start Date", "HHEH End Date", "HHEH DOEBA")	MSG Segment not returned
2120C	Home Health – Provider	PRV03	Home Health Provider ID returned in this segment	PRV Segment not returned
2120C	Home Health – Provider	NM101	NM1 Segment not returned for Home Health Provider	Code Returned = 1P
2120C	Home Health – Provider	NM102	NM1 Segment not returned for Home Health Provider	Code Returned = 2
2120C	Home Health – Provider	NM108	NM1 Segment not returned for Home Health Provider	Code Returned = XX
2120C	Home Health – Provider	NM109	NM1 Segment not returned for Home Health Provider	Home Health Provider ID
2110C	Therapy Cap	EB03	Code Returned = AF	Code Returned = AE
2100C	Therapy Cap	EB05	Description of therapy type (e.g., "Physical and Speech Therapy")	EB05 not returned
2120C	MA/Part D	PER05	PER05 not returned	Code Returned = UR
2120C	MA/Part D	PER06	PER06 not returned	MA/Part D Contract URL returned (Max Length = 50)
2110C	Blood Deductible	EB01	Code Returned = C	Code Returned = D

Search Option Changes

The HETS 270/271 application will be modified to accept the following search options:
- HICN, Date of Birth, Last Name (and Suffix, if applicable), First Name
- HICN, Date of Birth, Last Name (and Suffix, if applicable)
- HICN, Last Name (and Suffix, if applicable), First Name

All beneficiary data, including gender, submitted on the 270 request with any search option referenced above, must be an exact match to the beneficiary's current eligibility information.

AAA Error Code Changes

The use of several AAA error codes that refer to Patient as opposed to Subscriber have been eliminated from the 5010 Implementation Guide. CMS has decided to replace the eliminated codes with their Subscriber counterpart. The HETS 270/271 application will return the following AAA error codes for beneficiary matching errors.

Table 3: Table of 5010 AAA Error Codes – 2100C Loop

Loop	AAA03 Code	Description	Condition for Return
2100C	15	Required Application Data Missing	270 2100C DMG02 element and NM104 element are both missing
2100C	71	Patient Birth Date Does Not Match That for the Patient on the Database	270 2100C DMG02 element does not match the Medicare Beneficiary DOB on the database
2100C	72	Invalid/Missing Subscriber/Insured ID	270 2100C NM109 element is an invalid length or cannot be matched to any HICN on the database, or is an inactive HICN that is cross-referenced to a new, active HICN for the same beneficiary
2100C	73	Invalid/Missing Subscriber/Insured Name	270 2100C NM103 element is missing, or the 2100C NM103 or NM104 do not match the Medicare Beneficiary's First and Last Name on the database
2100C	74	Invalid/Missing Subscriber/Insured Gender Code	270 2100C DMG03 element does not match the Medicare Beneficiary's Gender Code on the database

Note: For the appropriate AAA error codes, the system will return the invalid or non-matching data element value that caused the error in the 271 response. For example, the invalid HICN or the mismatched last name will be returned.

Service Type Codes (STCs)

Multiple STCs may now be included within a single instance of the 2100C EQ segment when EQ01 is used as a repeating data element.

Only a basic set of eligibility data will be returned for valid STCs that are not included in the list of supported codes (see AAA Error Code Changes, above). The HETS 271 response will include additional eligibility information when these supported STCs are sent on the 270 request transaction.

STCs specifically supported by the HETS 270/271 application include: 1, 14, 15, 30, 33, 35, 42, 45, 47, 86, 88, 98, AG, AL, MH, and UC.

- The HETS 270/271 application will return benefit coverage status for the following STCs, as specified by the IG: 1, 33, 35, 47, 86, 88, 98, AL, MH and UC.

- The HETS 270/271 application will not return STC 47 or 88 in the "covered status" EB segment when Hospital or Part D Plan data, respectively, is returned.

- The HETS 270/271 application will return STC 98 as "inactive" when the beneficiary has Part A coverage but not Part B coverage. In this situation, a separate 2110C EB benefit coverage status segment containing only the STC 98 information will be returned.

A list of the data elements included within the basic set and the additional eligibility data elements returned on the 271 response for each supported STC will be provided in the HETS 270/271 5010 Companion Guide.

Table 4: Revision History

Date	Scope
2/26/2010	Initial Publication